



# Information Memorandum

Oregon Department of Human Services

**Originating Cluster:**

**Seniors and People with Disabilities**

**Authorized by:** Elizabeth Lopez, Administrator

*Signature*

**IM Number: SPD-IM-03-115**

**Date:** December 16, 2003

**Subject:** Revised Versa Agreement and New FAX Number

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                   | <input checked="" type="checkbox"/> County DD Program Managers           |
| <input checked="" type="checkbox"/> Area Agencies on Aging   | <input checked="" type="checkbox"/> County Mental Health Directors       |
| <input type="checkbox"/> Children Adults and Families        | <input type="checkbox"/> Health Services                                 |
| <input checked="" type="checkbox"/> Community Human Services | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Other (please specify): _____       |  |

**Message:** The VERSA agreement, which allows non-Disability Determination Services (DDS) employees access to DDS records, has been revised to provide a new FAX number.

As you are aware, any person requesting access to the DDS's VERSA screen is required to complete the VERSA agreement and FAX it to DDS. The new FAX number is **503-373-2040**. The previous FAX number is no longer in service. You may use the 1-800-574-2193 fax number as a back up, but it is not the direct FAX number for VERSA agreements.

You can locate the revised VERSA agreement at the following website address:

<http://www.dhs.state.or.us/spd/tools/program/osip/versa.pdf>

*If you have any questions about this information, contact:*

Contact(s):	Karl J. Bien		
Phone:	(503) 945-6409	Fax:	503-373-7902
E-mail:	<a href="mailto:karl.j.bien@state.or.us">karl.j.bien@state.or.us</a>		

**AGREEMENT FOR NON-DDS EMPLOYEES  
ACCESSING VERSA CASE SCREENS**

I understand that the sole purpose of accessing the DDS Versa Case Screens is to help me determine client eligibility for benefits or services. I agree to the following:

- I will not share my logon password\* with anyone else.
- I will not share any information with the client that I receive from any DDS Versa screen.
- I will not call DDS staff to debate or dispute their case decisions.
- I will not provide my client with the last name of any DDS adjudicator.

I understand that if I violate any part of this agreement my access to the Versa Case Screens may be revoked.

Employee Name (First, MI, Last) Please Print: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Employee's Office Name (i.e., N Salem VRD): \_\_\_\_\_

Employee's Phone # and Extension: \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail Address (if you have one): \_\_\_\_\_

Supervisor name and phone #: \_\_\_\_\_

\*If a password is not used for more than 30 days, it will automatically be deactivated.